

# The Kansas Caregiver Advise, Record, Enable (CARE) Act *(HB 2058 and SB 265)*



# Defining the Issues

- Family caregiver is an **unpaid** relative, partner, friend, or neighbor who has a significant relationship with and who provides a range of assistance for an older adult or an adult with a chronic or disabling condition(s)
- **Average U.S. caregiver** is female 49 years old working outside the home and spends nearly 20 hours/week providing unpaid care to her mother for nearly five years
- Caregivers face **bewildering array of tasks** and responsibilities as well as **stress, physical strain, competing demands** and **financial hardship**

# Family Caregivers: Backbone of the LTSS System

- In 2009, 605,000 family caregivers in Kansas (*1/5 of state population*) provided 4 million hours of care estimated at \$4.1 billion in unpaid care
- Vast majority (74%) of family caregivers have worked at some time during their caregiving experience and over half (58%) are employed full or part time
- Caregivers should be engaged in care plans and need training to perform complex medical/nursing tasks

# Readmissions Are Costly

- 1 of every 8 Medicare beneficiaries who leaves the hospital is readmitted within 30 days
- Medicare reports spending \$17.8 billion a year on patients whose return trips to the hospital could have been avoided
- Under the Affordable Care Act (ACA), hospitals are penalized with a cut to Medicare payments if these avoidable readmissions continue to occur

# Readmissions Are Costly

- For hospitals with 30-day readmissions for heart attack, heart failure and pneumonia, CMS began reducing Medicare payments by up to 1% (to 3% in FY 2015). In 2015, expanding to 7 conditions
- From *Kaiser Family Foundation Health News* (Aug 2013)

Kansas	Total # of Hospitals	Hospitals with no Penalty	Hospitals With Penalty	Pct. Hospitals Penalized	
	55	26	29	53%	

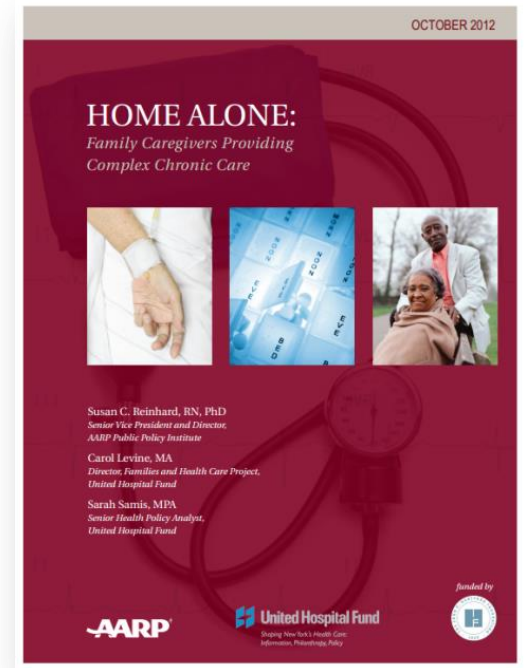
# Curbing Readmissions

- Medicare Hospital Readmission Reduction Program - incentive to reduce hospital readmissions and improve transitional care - encourage hospitals to implement smoother transitions to community
- Health care experts cite caregiver training as one of the tools to improve care transitions and prevent readmissions
- United Hospital Fund *Engaging Family Caregivers as Partners* states, "Further investments to integrate, train, and support family caregivers will yield greater returns in improving outcomes and reducing repeated transitions between acute and community care."

# AARP's 2012 Home Alone Report

PPI surveyed 1,677 family caregivers and found:

- Family caregivers perform complicated medical/nursing tasks and medication management
- Training is limited
- Most care recipients do not receive home visits by paid home care workers
- Performing medical/nursing tasks may prevent NH placement
- Quality of life is affected



# Simple Changes Can Help

- Hospitals should record name of family caregiver upon admission into the facility
- Prior to patient's discharge or transfer to another facility, hospitals should notify family caregiver
- If a family caregiver needs to perform medical tasks at home, facility should provide training
- Connecting family caregivers to info and resources, respite care and training would improve health outcomes for individual requiring care and family caregiver



# The CARE Act

*(HB 2058 and SB 265)*

Caregiver

Advise

Record

Enable



# The Caregiver Advise, Record, Enable (CARE) Act

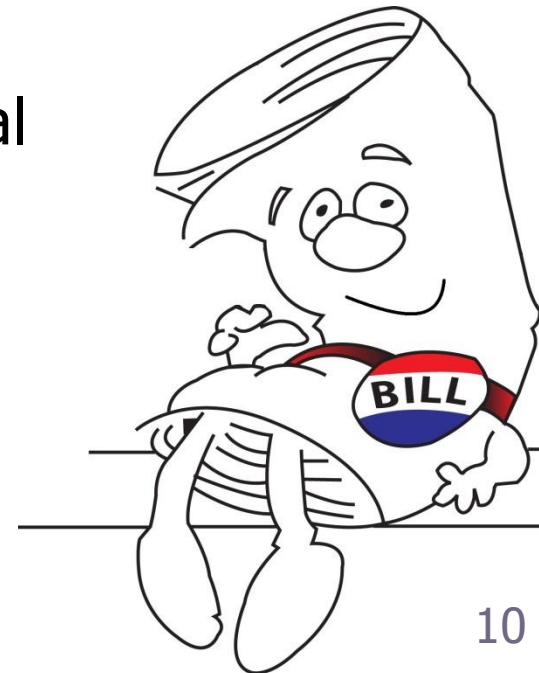
To ensure that hospitals include caregiver in medical record, notify and consult with caregivers on discharge plan and provide caregiver w/ instructions in after-care tasks

## Identify

- Record the name of the family caregiver upon admission into the hospital
- Caregiver designation is included in medical record

## Notify

- Contact the family caregiver(s) prior to discharge to another facility or home



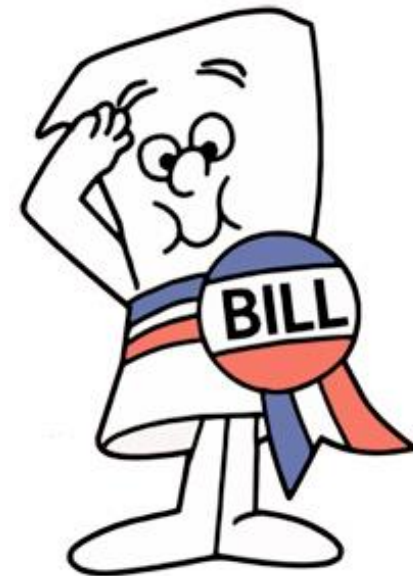
# The Caregiver Advise, Record, Enable (CARE) Act

## Consultation

- Hospital consults with caregiver on discharge plan, taking into account caregiver's capabilities and limitations
- Discharge plan includes contact information for necessary health and community resources

## Training

- Hospital gives caregiver opportunity to receive instruction on all after-care tasks included in the discharge plan
- Caregiver gets opportunity to ask questions (with cultural/linguistic requirements)



# Support for The Caregiver Advise, Record, Enable Act (Kansas HB 2058 and SB 265)

